

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/598,307</td> </tr> <tr> <td>Filing Date</td> <td>2005-03-25</td> </tr> <tr> <td>First Named Inventor</td> <td>Daniel J. Cosgrove</td> </tr> <tr> <td>Title</td> <td>Method of Reducing Insect Resistant Pests</td> </tr> <tr> <td>Art Unit</td> <td>1638</td> </tr> <tr> <td>Examiner Name</td> <td>Anne R. Kubelik</td> </tr> <tr> <td>Attorney Docket Number</td> <td>1883E</td> </tr> </table>	Application Number	10/598,307	Filing Date	2005-03-25	First Named Inventor	Daniel J. Cosgrove	Title	Method of Reducing Insect Resistant Pests	Art Unit	1638	Examiner Name	Anne R. Kubelik	Attorney Docket Number	1883E
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First Named Inventor	Daniel J. Cosgrove														
Title	Method of Reducing Insect Resistant Pests														
Art Unit	1638														
Examiner Name	Anne R. Kubelik														
Attorney Docket Number	1883E														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

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Telephone: _____ Email: _____

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Name	Telephone
<i>Louise A. Foutch</i> Louise A. Foutch	6/24/2011 515-535-4835
Title and Company	
Assistant Secretary, Pioneer Hi-Bred International, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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